

Task Order No.:
Block Map:
Main Size & Type:
Permit No.:
USA#:



Rev Code:
Eng. Study Area:
Account No.:
Service No.:
Calc. Code (Zone):

District: _____ Date: _____

***TO BE COMPLETED BY APPLICANT**

I hereby request CALIFORNIA-AMERICAN WATER COMPANY to install a service and meter to serve:

**MINIMUM BILL APPLIES
WHETHER OR NOT ANY
WATER IS USED**

* To Serve: _____
(Lot) (Block) (Tract)

Located on the: _____ side of _____ between _____
and _____.

*Service Address: _____ Number of Units: _____
(House #) (Street) (City or District)

*Bill To (Name): _____ *Applicant is: Owner Tenant Agent

*Mailing Address: _____
(House #) (Street) (City) (State) (Zip Code)

Purpose: Residential Apartment Commercial/Type Industrial Irrigation Fire Hydrant Fire Sprinklers Other _____

Backflow Prevention Device Required? Yes No Reason: _____ Type of Device: _____

Installation Charge Required? Yes No M.I.#: _____ Amount \$: _____ Reason: _____
(Estimate Only)

*Date Applicant will be ready for service: _____

* I guarantee payment of bills: _____ Telephone No.: () _____ Fax No.: () _____
(Applicant's Signature)

* Print Applicant's Full Name: _____ Completed By: _____
(Company Personnel)

FOR OFFICE USE ONLY

ORDER

LOCATION

Install a new _____ - inch service with a _____ -inch meter on the
_____ side of _____ between _____
_____ and _____.
Requisition No.: _____
Service is: NEW REPLACEMENT

Corp. stop is: _____ feet _____ of _____
Meter No.: _____ Size: _____
Mfg./Model #: _____ Reading: _____
Installed By: _____ Date Set: _____
Supervisor/Foreman: _____

SERVICE REPORT: Materials Used

LABOR REPORT

QTY.	SIZE	TYPE	MATERIAL
			Pipe
			Corporation Stop x Pack Joint
			Angle Stop x Pack Joint
			Service Saddle
			Meter Box
			Meter Bushing (Adapter)
			Meter Flange
			Reducer
			Service Stop
			Meter Coupling
			Meter Spuds

NAME	HOURS

PAVEMENT CUT

Type: _____
Size: _____
Patch Card No.: _____

Posted on Comm. Dept. on: _____ by _____
Posted on Maps on: _____ by _____

READING SEQUENCE

Book #: _____
Page #: _____
Read Order #: _____
City Code: _____

REMARKS: _____



California American Water Company Service Design

Customer Name: _____ **Date:** _____

Service Address: _____ **Service #:** _____

Location: _____ **A/C #:** _____

FIXTURES	UNITS (RESIDENTIAL)	UNITS (PUBLIC USE)	NUMBER OF FIXTURES	TOTAL	NOTES
Kitchen Sink	2	4			
Dishwasher	2	4			
Garbage Disposal	2				
Washing Machine	3	4			
Laundry Tray	2	4			
Bathroom Group Flush Tank	6				
Bathroom Group Flush Valve	8				
Water Closet (Low Flow)	1.7				
Water Closet Flush Tank	3	5			
Water Closet Flush Valve	6	10			
Shower	2	4			
Bathtubs	2	4			
Lavatories	1	2			
Stall Urinals		5			
Wall Urinals		5			
Service Sink	3				
Bar Sink	1	2			
Drinking Fountain	1	2			
Sprinkler Heads	2				
Hose Bibs	3	5			

Total Fixtures	Service Size	Meter Size	Gallons Per Minute
Total Flow	1"	5/8"	0-20
Service Size	1"	1"	20-40
Meter Size	2"	1½"	40-60
Pressure	2"	2"	60-120

Checked By: _____ **Date:** _____